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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		morizea committe		Office	Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
Liberty for All Action Fun	d				
ADDRESS (number and street)	PO Box 25394				
Check if different					
than previously reported. (ACC)	Alexandria			VA 223	113
2. FEC IDENTIFICATION NUM	BER ▼ CIT	ΤΥ 🛦		STATE A	ZIP CODE ▲
C C00514653			NEW N) <b>OR</b>	× AMENDE (A)	D
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	Aug 20 (M8	Year Only)
(a) Quarterly Reports:			Jul 20 (M7)	Oct 20 (M10	(Non-Election Year Only)
April 15 Quarterly Report (Q1)				-	
July 15 Quarterly Report (Q2)	(c) 12-Day  PRE-Election  Report for the:	Primary (12P		General (12G)  Special (12S)	Runoff (12R)
October 15 Quarterly Report (Q3)	rioport for the.				
January 31 Year-End Report (YE)	Election	on on 11	04	2014	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (300	à)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on on	D   D /	Y	in the State of
5. Covering Period 10	01 / 2014	through	10		2014
I certify that I have examined this	Report and to the best of	f my knowledge and b	oelief it is tru	e, correct and comp	lete.
Type or Print Name of Treasurer	Christopher M Marston				
Signature of Treasurer Christop	her M Marston	[Electronically	Filed] D		2014
NOTE: Submission of false, erroneou	us, or incomplete informatio	n may subject the pers	son signing th	is Report to the pena	alties of 2 U.S.C. §437g.
Office Use				FE	C FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Liberty for All Action Fund 10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 4100.81 January 1, 2014 (b) Cash on Hand at 106783.67 Beginning of Reporting Period..... 591648.38 125.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 106908.67 595749.19 6(a) and 6(c) for Column B)..... 13252.28 502092.80 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 93656.39 93656.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 83200.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Liberty for All Action Fund	L	ibertv	for	ΑII	Action	Fund
-----------------------------	---	--------	-----	-----	--------	------

I. Receipts  ons (other than loans) From: iduals/Persons Other Political Committees emized (use Schedule A)  Unitemized  OTAL (add ines 11(a)(i) and (ii)	0.00 125.00 125.00 0.00 125.00 0.00 0.00	Calendar Year-to-Date  37250.00  22063.93  59313.93  0.00  59313.93
iduals/Persons Other Political Committees Pemized (use Schedule A)	125.00 125.00 0.00 0.00	22063.93 59313.93 0.00 0.00
Political Committees remized (use Schedule A)	125.00 125.00 0.00 0.00	22063.93 59313.93 0.00 0.00
demized (use Schedule A)	125.00 125.00 0.00 0.00	22063.93 59313.93 0.00 0.00
Initemized  OTAL (add ines 11(a)(i) and (ii)  cal Party Committees  r Political Committees  cas PACs)  Contributions (add Lines (iii), (b), and (c)) (Carry sto Line 33, page 5)  From Affiliated/Other	125.00 0.00 0.00	59313.93 0.00 0.00 59313.93
cotal (add ines 11(a)(i) and (ii)	125.00 0.00 0.00	59313.93 0.00 0.00 59313.93
cal Party Committees	0.00	0.00 0.00 59313.93
cal Party Committees	0.00	0.00 0.00 59313.93
r Political Committees n as PACs) Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	0.00	0.00 59313.93
r Political Committees n as PACs) Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5) From Affiliated/Other	0.00	0.00 59313.93
n as PACs)  Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5)  From Affiliated/Other	125.00	59313.93
Contributions (add Lines (iii), (b), and (c)) (Carry s to Line 33, page 5)▶ From Affiliated/Other	125.00	59313.93
(iii), (b), and (c)) (Carry s to Line 33, page 5)▶ From Affiliated/Other		
s to Line 33, page 5)  From Affiliated/Other		
From Affiliated/Other		
	0.00	
mmittees	0.00	
		0.00
	0.00	400700.00
Received	0.00	103700.00
	<del> </del>	
payments Received	0.00	0.00
Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
· ·		
	0.00	12975.80
	0.00	0.00
·		
The state of the s	0.00	415658.65
	0.00	
Scriedule H3)	0.00	0.00
	0.00	0.00
Funds (from Schedule H5)	0.00	0.00
- ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	0.00	
Transfers (add 18(a) and 18(b))	0.00	0.00
	payments Received	Transfers (add Lines 11(d),

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal	Total Tillo I Gliou	Valendal Teal-10-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	13252.28	287555.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	13252.28	287555.16
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	32616.83
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	60000.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	195.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	195.00
Other Disbursements	0.00	121725.81
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
,		,
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13252.28	502092.80
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	13252.28	502092.80

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	125.00	59313.93
4. Total Contribution Refunds (from Line 28(d))	0.00	195.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125.00	59118.93
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	13252.28	287555.16
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	12975.80
8. Net Operating Expenditures (subtract Line 37 from Line 36)	13252.28	274579.36

**1mage# 14952744565** PAGE 6 / 11

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID:

This amended report includes loan balance information that was inadvertently omitted from the original

Form/Schedule: Transaction ID:

	Use separate schedule(	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(official offiny	7 one) 22 23 24 25 2 28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  Liberty for All Action Fund	no and address of any pol	modi committee to	Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial)  ANNE CASTEEL			Date of Disbursement
Mailing Address 2226 WESTLAKE DR #2-7			10 01 7 2014
City AUSTIN	State Zip Code TX 78746		Transaction ID : SB21B.I360
Purpose of Disbursement FUNDRAISING CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate President	ment For:  Primary General  Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)  3. JARED CHICOINE			Date of Disbursement
Mailing Address 22 BEECH ST  FL 3  City State Zin Code			10 01 2014
City WOODSVILLE	State Zip Code NH 03785		Transaction ID : SB21B.I361
Purpose of Disbursement STRATEGIC CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3000.00
Office Sought:  House Senate President State:  Disburse	ment For: Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. AARON PRICE			Date of Disbursement
Mailing Address 1609 GREY OWL CT		10 01 2014	
City LOUISVILLE Purpose of Disbursement	State Zip Code KY 40223		Transaction ID : SB21B.l362
SALARY  Candidate Name		Category/	Amount of Each Disbursement this Period 3750.00
Office Sought: House Disburse	ment For:  Primary General	Type	
Senate President State: District:	Other (specify) ▼		

## ľ

	CHEDULE B (FEC Form 3X)	Use separate schedu	ıle(e)	FOR LINE N		PAGE 8 OF 11
IT	EMIZED DISBURSEMENTS	for each category of	the	(check only 21b	one)	23 24 25 26
		Detailed Summary P	age	27	28a	28b 28c 29 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam					
101	NAME OF COMMITTEE (In Full)	ie aliu audiess UI dily	pontical	committee to	SUIGH COINTIDE	AUDITS HOTH SUCH COMMITTILLEE.
	Liberty for All Action Fund					
_	Full Name (Last, First, Middle Initial)				Date of Dis	hursamant
н.	ELECTIONCFO, LLC				Date of Dis	bursement
	Mailing Address PO BOX 26141				10	022014
		State Zip Code VA 22313			Transactio	on ID : SB21B.I354
	ALEXANDRIA Purpose of Disbursement	VA 22313				
	COMPLIANCE CONSULTING			:::	Amount of I	Each Disbursement this Period
	Candidate Name			Category/		2000.00
	Office Sought: House Disbursen	nent For:		Туре		, , , , , , , , , , , , , , , , , , , ,
		Primary Gene	eral			
	President State: District:	Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)					
В.	GOOGLE				Date of Dis	bursement
					M M /	D D / Y Y Y Y Y
	Mailing Address 1600 AMPHITHEATRE PKWY				10 06 2014	06 2014
	City S MOUNTAIN VIEW	State Zip Code CA 94043			Transaction	on ID : SB21B.I356
	Purpose of Disbursement	<u> </u>				
	ONLINE SERVICES		_		Amount of I	Each Disbursement this Period
	Candidate Name			Category/ Type		55.00
	Office Sought: House Disbursen	nent For:		7,00		,
		Primary Gene	eral			
	President State: District:	Other (specify) ▼				
	Full Name (Last, First, Middle Initial)					
C.	SUREPAYROLL				Date of Dis	bursement
	Mailing Address 2350 RAVINE WAY				10 /	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	STE 100					2017
	,	State Zip Code			Transaction	on ID : SB21B.I363
	GLENVIEW IL 60025 Purpose of Disbursement					
	PAYROLL SERVICE				Amount of I	Each Disbursement this Period
	Candidate Name			Category/ Type		33.88
	Office Sought: House Disbursen	nent For:		1,700		
		Primary Gene	eral			
	State: District:	Other (specify) ▼				
Г	District.					
5	SUBTOTAL of Disbursements This Page (optional)					2088.88
$\vdash$						
I	<b>'OTAL</b> This Period (last page this line number only)					, ,

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  Liberty for All Action Fund	nents may not be sold or used e and address of any political	by any perso	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  A. SUREPAYROLL  Mailing Address 2350 RAVINE WAY			Date of Disbursement  10 01 2014
GLENVIEW Purpose of Disbursement	itate Zip Code IL 60025		Transaction ID : SB21B.l364
EMPLOYER PAYROLL TAXES  Candidate Name  Office Sought: House Disbursem		Category/ Type	Amount of Each Disbursement this Period 286.87
Senate President State: District:	Primary General Other (specify) ▼		
B. US POSTAL SERVICE  Mailing Address 475 L'ENFANT PLZ			Date of Disbursement  M = M / D = D / Y = Y = Y = Y = Y = 1000000000000000000
,	State Zip Code DC 20260		Transaction ID : SB21B.I357
Candidate Name  Office Sought: House Disbursem		Category/ Type	Amount of Each Disbursement this Period 1218.00
Senate	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. WELLS FARGO			Date of Disbursement  M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
Mailing Address 420 MONTGOMERY ST			
,	itate Zip Code CA 94104		Transaction ID : SB21B.I358
BANK FEE Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	71.	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			1620.95 12959.83

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the

PAGE 10 OF 11

		Detailed Su	ummary Page	FOR LINE 13 OF FORM 3	3X
AME OF COMMITTEE (In Full)			Transact	ion ID : SC.001	
iberty for All Action Fund					
LOAN SOURCE Full Name (Last, First, Manual John RAMSEY	/liddle Initial)		Ele	ection: Primary	
Mailing Address				General Other (specify) ▼	
Mailing Address PO BOX 26141				Other (specify)	
City ALEXANDRIA	State VA ZIP Co	de 22313			
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This F	Period
83200.00		0.00	0	83200.00	
TERMS  Date Incurred	Date Due		Interest Rate	Secured:	
07 / 22 / 2013		2014	0.00	% (apr) Yes	<b>N</b> o
List All Endorsers or Guarantors (if any)	to Loan Source		_ <del></del>		
Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	,		
UBTOTALS This Period This Page (optiona	l)		· [	83200.00	
OTALS This Period (last page in this line or	<u> </u>			83200.00	
Carry outstanding balance only to LINE 3, S				to appropriate line of Summ	nary.

1mage# 14952744570 PAGE 11 / 11

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC.001

CONSOLIDATED NINE LOANS FROM THE SAME LENDER WITH THE SAME DUE DATE AND ADDED

ADDITIONAL 3 LOANS FROM THIS PERIOD TO BALANCE.

Form/Schedule: Transaction ID: